

Medication appropriateness for elderly nursing home residents with a limited remaining life expectancy: Adjusting the START/STOPP criteria by means of a Delphi consensus study

C.A.M. Pouw, M. Smalbrugge, P.C.P.M. Hertogh, R.J. van Marum, J.G. Hugtenburg.

Background Nursing home (NH) residents are generally (very) old. They suffer from multi-morbidity and often use a large number of drugs. The Screening Tool to Alert to Right Treatment (START) and Screening Tool of Older Persons' Prescriptions (STOPP) are commonly used to assist physicians with appropriate prescribing. However, these may not be applicable for frail NH elderly with a limited remaining life expectancy.

Purpose The objective of this study is to adjust the current START/STOPP criteria to elderly NH patients with a limited remaining life expectancy (1.5-2 years).

Method This Delphi study was based on the 2015 START/STOPP criteria. Rounds were sent to the panel using SurveyMonkey between January and August 2017. The panel consisted of 23 international pharmacists/pharmacologists, geriatricians, elderly care physicians, general practitioners and researchers with clinical and/or research expertise on the subject. The START/STOPP medication was presented with the indication and treatment goal. The experts considered for each medication(group) whether they would start this for the target group and if not, whether they would stop it. They also provided comments on their decision. Consensus was defined as 70% of the participants answering (very)inappropriate or (very)appropriate. Participants were also asked to offer suggestions for additions or adjustments to the STOPP criteria. In subsequent rounds, the panel gave their opinion on criteria for which consensus had not been achieved.

Findings After three rounds, 30 START criteria were considered appropriate. Fourteen of those were adapted in subsequent rounds, e.g. the medicine description and/or indication or treatment goal was changed based on the panel's suggestions. Eight criteria including preventive medicines were considered inappropriate, and were adapted to STOPP criteria. For 3 items, consensus was not achieved. Fourteen new STOPP criteria were added, 11 adaptations were made. For proposed adaptations without consensus, the original criteria will be used.

Conclusion The expert panel regarded symptomatic treatment as more appropriate, and preventive treatment as less appropriate. Medication became appropriate for more specific indications. The proven/experienced benefits of medication had to outweigh the risks, adverse effects and time-until-benefit in order to be regarded as appropriate. According to the experts: for NH patients with a limited life-expectancy, prescription of preventive medication is less appropriate whereas prescription of medication aimed at symptomatic treatment is more appropriate. However, appropriate prescribing for these patients remains highly personalized care, where the benefits have to be weighed against the risks. The results will be used to develop adjusted START/STOPP criteria.